



## SURVEY OF LOCAL GOVERNMENT PARKS AND RECREATION IN VIRGINIA

For Fiscal Year 2000-2001

Full Name of Agency: \_\_\_\_\_

Name and Title of Agency Head: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### A. FINANCIAL

2000-2001 Operating Budget \$ \_\_\_\_\_

2000-2001 Capital Projects Budget \$ \_\_\_\_\_

1999-2000 Fees and Charges \$ \_\_\_\_\_

Do you have an enterprise fund? \_\_\_\_ yes \_\_\_\_ no (A fund where fees are collected are returned to your department)

### B. PERSONNEL

Please list the number of staff in each category for FY 2000-2001.

	<u>Permanent</u>	<u>Seasonal</u>
1. Full-time (general fund):	_____	_____
2. Full-time (grants, fees and charges, other) (Please specify): _____	_____	_____
3. Total Full-time (lines 1 & 2):	_____	_____
4. Part-time (general fund):	_____	_____
5. Part-time (grants, fees and charges, other) (Please specify): _____	_____	_____
6. Total Part-time (lines 4 & 5):	_____	_____

C. VOLUNTEERS

Please list total number of volunteers and hours volunteered for FY 2000-2001.

1. Number of individuals \_\_\_\_\_
2. Hours volunteered \_\_\_\_\_
3. Method of calculating \_\_\_\_\_ Estimate \_\_\_\_\_ Records \_\_\_\_\_

D. SALARIES

Please give the salary range for the appropriate positions within your agency during FY 2001. If there is not a salary range, please list the FY 2000-2001 salary in the first column.

- |  | <u>Salary Range</u>  |
|--|----------------------|
| 1. Director                            | _____/YR to _____/YR |
| 2. Assistant /Deputy Director          | _____/YR to _____/YR |
| 3. Superintendent of Parks             | _____/YR to _____/YR |
| 4. Superintendent of Recreation        | _____/YR to _____/YR |
| 5. Recreation Center Director          | _____/YR to _____/YR |
| 6. Administrative Assistant            | _____/YR to _____/YR |
| 7. Planner                             | _____/YR to _____/YR |
| 8. Revenue Program Administrator       | _____/YR to _____/YR |
| 9. Recreation Supervisor               | _____/YR to _____/YR |
| 10. Maintenance Supervisor             | _____/YR to _____/YR |
| 11. Special Events Coordinator         | _____/YR to _____/YR |
| 12. Athletics Director                 | _____/YR to _____/YR |
| 13. Park Manager                       | _____/YR to _____/YR |
| 14. Teen Center Director               | _____/YR to _____/YR |
| 15. Senior Citizen Coordinator         | _____/YR to _____/YR |
| 16. Therapeutic Recreation Coordinator | _____/YR to _____/YR |

17. Recreation Program Specialist. \_\_\_\_\_/YR to \_\_\_\_\_/YR
  18. Recreation Program Leader \_\_\_\_\_/YR to \_\_\_\_\_/YR
  19. Fee Class Instructor \_\_\_\_\_/YR to \_\_\_\_\_/YR
  20. Pool Manager \_\_\_\_\_/YR to \_\_\_\_\_/YR
  21. Lifeguard \_\_\_\_\_/YR to \_\_\_\_\_/YR
  22. Secretary \_\_\_\_\_/YR to \_\_\_\_\_/YR
  23. Maintenance Worker \_\_\_\_\_/YR to \_\_\_\_\_/YR
  24. Other ( please describe below) \_\_\_\_\_/YR to \_\_\_\_\_/YR
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PLEASE ATTACH ALL JOB DESCRIPTIONS FOR OUR RESOURCE FILES

E. PRIVATIZATION

Does your Department contract with private companies/individuals for the following services?

_____ Pool/Bench Management	_____ Recreation Center Management
_____ Food Concessions	_____ Class Instructions
_____ Maintenance/Mowing	_____ Office Administration
_____ Sports Officiating	_____ Golf Operation

Others (please specify): \_\_\_\_\_

F. PLANNING

Has your department, within the last three (3) years, conducted a recreation/open space needs assessment survey in your locality?

If yes, did it measure \_\_\_\_\_ Open space/facility needs?  
 \_\_\_\_\_ Recreation programs

Does your department or locality (County/City) have:

_____ Park/Open Space Plan	_____ Date Completed
_____ Greenways/Blueways Plan	_____ Date Completed
_____ Trails Plan	_____ Date Completed
_____ Bicycle Plan	_____ Date Completed
_____ Dept. Strategic Plan	_____ Date Completed
_____ Board/Commission Plan	_____ Date Completed
_____ Special Assessment (Tax) Ordinance	_____ Date Completed

PLEASE ENCLOSE A COPY OF EACH AVAILABLE ITEM LISTED ABOVE

G. COMMISSIONS, COMMITTEES OR BOARDS

Does your agency have a parks and recreation commission, committee or board? If so how many members? \_\_\_\_\_

Commission Name: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

H. PROGRAM BROCHURES

Does your department have a program brochure? \_\_\_\_\_

If so, printed \_\_\_\_\_ times per year. Distribution? \_\_\_\_\_ copies.

Approximate printing cost/year? \$ \_\_\_\_\_

Distribution cost/year? \$ \_\_\_\_\_

\*PLEASE SEND US A COPY OF YOUR AGENCY BROCHURE\*

I. FACILITY MANAGEMENT

How many of the following facilities does your agency manage?

_____ Amphitheater	_____ Convention Center	_____ Sports Arena
_____ Skateboard Site	_____ Skate Rink	_____ Target Range
_____ Outdoor Pool	_____ Indoor Pool	_____ Museum
_____ Racquetball Court	_____ Fitness Center	_____ Stadium
_____ Ropes Course	_____ Recreation Center	_____ Golf Course

J. BOND REFERENDUMS

Has your locality recently conducted a parks and recreation bond referendum?

\_\_\_ Yes \_\_\_ No. If so, what year? \_\_\_\_\_

Amounts? \$ \_\_\_\_\_ Passed or Failed? \_\_\_\_\_

K. FUNDRAISING/FRIENDS GROUPS/FOUNDATIONS

Does your agency have a Friends Group or Foundation that supports its efforts? \_\_\_\_\_

Does your agency have a staff person for fundraising/development? \_\_\_\_\_

Please describe fundraising efforts your agency has undertaken in the past 5 years.  
Please attach appropriate brochures, flyers or gift catalogues. \_\_\_\_\_

L. CAPITAL SPENDING AND LAND ACQUISITION

A. Please estimate the approximate dollar amount needed to complete the development of your existing parks.

Outdoor Recreation Facilities \$ \_\_\_\_\_

Indoor Recreation Facilities \$ \_\_\_\_\_

B. Please estimate the approximate dollar amount needed to acquire additional park and open space lands to meet current needs. \$ \_\_\_\_\_

C. Please estimate the approximate dollar amount needed to construct new park and recreation facilities on these properties, if they were acquired.

Outdoor Recreation Facilities                      \$ \_\_\_\_\_

Indoor Recreation Facilities                      \$ \_\_\_\_\_

\*\*\*\*\* PLEASE RETURN THE SURVEY BY OCTOBER 21, 2001 \*\*\*\*\*

TO

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Name of person completing form

\_\_\_\_\_

Title